

Blue Vision Care Coverage for State of Michigan

Participating Provider		Nonparticipating Provider
Vision Testing Examination		
Eye Exam	100% of BCBSM-approved amount minus member's \$5 copay	75% of BCBSM-approved amount minus member's \$5 copay
	Once every 12 months	
Frames – Members may obtain either eyeglasses or contact lenses, but not both.		
Frames	Maximum of \$53 minus member's \$7.50 copay*	Maximum of \$14; no copay required
	Once every 24 months, or once in every 12 months if prescription has changed	
Eyeglass Lenses (glass, plastic, or prism)		
Single vision	100% of BCBSM-approved amount minus member's \$7.50 copay*	Maximum of \$13 per pair for glass; \$16 per pair for plastic, and \$15 per pair for prism; no copay is required
	Once every 24 months, or once in every 12 months if prescription has changed	
Bifocal (includes blended)	100% of BCBSM-approved amount minus member's \$7.50 copay*	Maximum of \$20 per pair for glass; \$23 per pair for plastic, and \$22 per pair for prism; no copay is required
	Once every 24 months, or once in every 12 months if prescription has changed	
Trifocal	100% of BCBSM-approved amount minus member's \$7.50 copay*	Maximum of \$24 per pair for glass; \$27 per pair for plastic, and \$26 per pair for prism; no copay is required
	Once every 24 months, or once in every 12 months if prescription has changed	
Special lenses	100% of BCBSM-approved amount minus member's \$7.50 copay*	50% or 75% of BCBSM-approved amount for comparable lenses, whichever is less
	Once every 24 months, or once in every 12 months if prescription has changed	
Rose tints #s 1 and 2	100% of BCBSM-approved amount	Maximum of \$3
	One every 24 months	
Contact Lenses – Members may obtain either eyeglasses or contact lenses, but not both.		
Therapeutic Contact Lenses, medically necessary	100% of BCBSM-approved amount minus member's \$7.50 copay	Maximum of \$40; no copay is required
	One every 24 months	
Cosmetic Contact Lenses, not medically necessary	Maximum of \$90; no copay is required	Maximum of \$40; no copay is required
	One every 24 months	
Copays		
• Eye exam	\$5 copay	\$5 copay
• Frames and/or lenses <u>or</u> therapeutic contact lenses	A combined \$7.50 copay	Member responsible for difference between approved amount and provider's charge

* If member has already made a copay for lenses, no further copay is required.

Vision services not covered

Your vision care benefit does not cover:

- **Special options including oversized lenses, designer frames and coatings**
- **Sunglasses, photosensitive, or anti-reflective lenses that cost more than the benefit for regular glasses. Benefits are payable only up to the amount approved or for standard lenses.**
- **Medical and surgical treatment**
- **Special lenses**
- **Lenses and frames required as a result of medical or surgical treatment of birth defects**
- **Drugs or medications other than for vision treating examinations**
- **Special procedures such as vision training or subnormal-vision aids**
- **Vision testing examinations, lenses or frames for any condition, disease, ailment or injury related to your employment or an act of war**
- **Services ordered before the effective date of your coverage or lenses and frames delivered more than 60 days after your coverage ends**
- **Experimental or substandard services**
- **Services not recommended by a physician or optometrist**
- **Charges for tints that are not medically necessary**
- **Replacement of lost or broken lenses or frames**

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For an official description of benefits, please see the applicable Blue Cross Blue Shield certificate and riders. Payment amounts are based on the Blue Cross Blue Shield approved amount, less any applicable deductible and/or copay amounts required by the plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan.